

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-051603

DATE ISSUED: 03/14/2018

FEE NUMBER: 2711

FIRST AND MIDDLE NAME(S): [REDACTED]

LAST NAME(S): [REDACTED]

COUNTY OF DEATH: KING

DATE OF DEATH: NOVEMBER 25, 2017

HOUR OF DEATH: 09:35 AM

SEX: MALE

AGE: 82 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTH PLACE: [REDACTED]

MARITAL STATUS: MARRIED

SPOUSE: [REDACTED]

OCCUPATION: PAINTER

INDUSTRY: CONTRACTOR

EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE

US ARMED FORCES: YES

INFORMANT: [REDACTED]

RELATIONSHIP: SPOUSE

ADDRESS: [REDACTED]

CAUSE OF DEATH:

A: HYPERTENSIVE, ATHEROSCLEROTIC, AND VALVULAR CARDIOVASCULAR DISEASE

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: BILATERAL SUBDURAL
HEMATOMA DUE TO BLUNT FORCE HEAD TRAUMA, ALZHEIMER DEMENTIA AND
PULMONARY EMPHYSEMA

DATE OF INJURY: NOVEMBER 15, 2017

HOUR OF INJURY: 11:00 PM

INJURY AT WORK: UNKNOWN

PLACE OF INJURY: CARE FACILITY

LOCATION OF INJURY: 12844 MILITARY ROAD S.

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98168

COUNTY: KING

DESCRIBE HOW INJURY OCCURRED: MULTIPLE GROUND LEVEL FALLS,
ASSAULTED 2 MONTHS PRIOR TO DEATH WITH UNCERTAIN
CONTRIBUTION TO DEATH

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: HIGHLINE MEDICAL CENTER

CITY, STATE, ZIP: BURien, WASHINGTON 98166

RESIDENCE STREET: [REDACTED]

CITY, STATE, ZIP: [REDACTED]

INSIDE CITY LIMITS: NO

COUNTY: [REDACTED]

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER/PARENT: [REDACTED]

MOTHER/PARENT: [REDACTED]

METHOD OF DISPOSITION: [REDACTED]

PLACE OF DISPOSITION: [REDACTED]

CITY, STATE: TACOMA, WASHINGTON

DISPOSITION DATE: DECEMBER 01, 2017

FUNERAL FACILITY: POWERS FUNERAL HOME

ADDRESS: [REDACTED]

CITY, STATE, ZIP: [REDACTED]

FUNERAL DIRECTOR: IRA R. TODD

MANNER OF DEATH: UNDETERMINED

AUTOPSY: YES

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: YES

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: NICOLE YARID, MD

TITLE: CORONER/ME

CERTIFIER ADDRESS: 325 9TH AVENUE #359792 MEDICAL EXAMINER

CITY, STATE, ZIP: SEATTLE, WA 98104

DATE SIGNED: NOVEMBER 28, 2017

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 17-2283

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN

DATE RECEIVED: DECEMBER 01, 2017